

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. APPLICANT(S)	FILING DATE
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		7					58	
9		7					59	
10		7					60	
11		①		7			61	
12	1						62	
13		1					63	
14		1					64	
15		1					65	
16		①					66	
17		7					67	
18							68	
19							69	
20							70	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓		↓		↓	TOTAL IND.	
TOTAL DEP.		↙		↙		↙	TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	